67-20-05

SOF153/143706 SO77-12696

JUL 1 9 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

Boatman, et al.

Serial No.:

10/712,127

Group No.:

3617

Date Filed:

November 12, 2003

Examiner:

Sherman D. Basinger

For:

Retrieval and Connection System for a

Disconnectable Mooring Yoke

Atty

Docket SOF153/143706

No.

RESPONSE TRANSMITTAL

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

- 1. Transmittal herewith is an amendment for this application.
- 2. Applicant is

□ a small entity.

✓ other than a small entity

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.6(d), 1.8(a) and 1.10)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

deposited with sufficient postage as Express Mail receipt EV326180798US, in an envelope addressed to the following: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1 6-10-1

Signature

Dottie Holloway

(type or print name of person certifying)

07/21/2005 MWOLDGE1 00000033 10712127

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450.00 OP

EXTENSION OF TERM

3.	-	he proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.							
(complete, as applicable)									
						under 37 of months che			
	Extension (months) one month				Fee <u>large entity</u> \$120.00			Fee for small entity \$60.00	
					\$450.00			\$225.00	
	☐ three months				\$1,020.00				
	I	☐ four mont	hs		\$1,590.00		\$795.00		
	I	☐ five mont	hs		\$2,160.00		\$1,080.00		
							Fee:	\$ <u>450.00</u>	
If an additional extension of time is required, please consider this a petition therefor.									
(check and complete the next item, if applicable)									
	An extension for months has already been secured. The fee paid therefor of \$ is deducted from the total fee due for the total months of extension now requested.						fee paid conths of		
	☑ E	xtension fee	due with	this request	\$ <u>450.00</u>				
OR									
	Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.						applicant		

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. § 1.16(b)-(d) has been calculated as shown below:

Claims Remaining After Amendment	Highest No. Previously Paid For	Extra Present	Rate	Added Fee	
Total: 21	21	0	\$25/50	\$0.00	
Independent: 9	3 6		\$100/200	\$1,200.00	
First Presentation of Multiple l	\$0.00				
Total Additional Fees:				\$1,200.00	

		(complete (c) or (d), as applicable).
		No additional fee for claims is required.
		OR
	\square	Total additional fee for claims required \$1,200.00
		FEE PAYMENT
5.	Ø	Attached is our check in the sum of \$1,650.00 for the fee of extension of time and fee for excess claims.
		Attached is our check in the sum of \$ for a petition to revive an application.
		Charge Account No. <u>50-0897</u> the sum of \$

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 50-0897 (SOF153/143706)

AND/OR

If any additional fee for claims is required, charge Account No. <u>50-0897</u> (SOF153/143706)

Date: July 19, 2005

Gary L. Bush

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Tel. No.: (713) 220-4726 Customer No. 23,444



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RESPONSE TO OFFICE ACTION MADE FINAL

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action Made Final dated March 2, 2005 and the Advisory Action dated May 278, 2005, please amend this application as follows.

In the Specification.

Please change the publication number on sub-page 8 "2004/0094082" to -- 2004/0025772--. A new replacement sheet showing such change follows this page.

In the Claims.

Please amend original Claim 1 to include the limitations of original Claims 2, 4 and 5.

Please cancel Claims 2, 3, and 4.

Please amend original Claim 6 to be an independent claim which includes the limitations of original Claims 4 and 1.

Please amend original Claim 7 to be an independent claim which includes the limitations of original Claims 2 and 1.

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